

Quarterly Totals

Demographic Reporting Form

Positive Alternatives

Date: October 20, 2015 Grantee Name: Choices Pregnancy Center

1. Client Age Range:

| Under 15 | 15-17 | 18-19 | 20-24 | 25-29 | 30-34 | 35+ | Unknown age |
|----------|-------|-------|-------|-------|-------|-----|-------------|
| | 1 | 2 | 2 | 1 | | | |

2. Client Pregnancy Status:

| 1st Trimester | 2nd Trimester | 3rd Trimester | Post-partum | Pregnancy Status Unknown |
|---------------|---------------|---------------|-------------|--------------------------|
| 2 | 3 | | 1 | |

3. Client Marital Status:

| Married | Not Married | Marital Status Unknown |
|---------|-------------|------------------------|
| 1 | 5 | |

4. Client Race:

| Race: White | Race: African-American | Race: African-American | Race: American Indian | Race: Asian Pacific | Race: Other/ Multi Race | Race: Unknown |
|-------------|------------------------|------------------------|-----------------------|---------------------|-------------------------|---------------|
| 5 | | | | | 1 | |

5. Client Ethnicity:

| Hispanic Ethnicity: Yes | Hispanic Ethnicity: No | Ethnicity: Unknown |
|-------------------------|------------------------|--------------------|
| 2 | 4 | |

INSTRUCTIONS FOR COMPLETING DEMOGRAPHIC REPORTING FORM

- 1.** Enter the date covered by the reporting period. The date will correspond to the quarterly report (e.g., January – March, 2014).
- 2.** Enter your organization name.
- 3.** Using the Individual Demographic forms collected during the reporting period, enter the totals for each of the demographic categories in numbers 1 – 5.
- 4.** Save the form as a new document. Send it in by email with your Update Report of the same quarter. Reports are due the 20th of the month after the end of a quarter.
- 5.** Reuse the form each quarter.